



ANNUAL PARENTAL CONSENT (CAT1A Form)
(Category 1 – Low risk activities)

This form MUST be completed annually by parents/carers for every child whose parents/carers wish to give consent for their child to take part in low risk activities that will involve leaving the school premises. If the activity is low risk but further afield out of the Dudley borough, explicit details will be provided to parents/carers. Schools/Centres are expected to make a judgement on the nature of the risk involved and the level of consent/information required.

Name of child:(Male/Female)

D.O.B: Age.....

Home Address:

.....Postcode:

I agree that my child (name)be allowed to take part in low risk activities without further consent from myself. I understand that there will be some activities e.g. sporting events, nature visits, local library visits which will take my child off the school/centre premises. They may walk or go in a minibus or coach (public or private) transport. If the activity is low risk but involves travel further afield out of the Dudley borough e.g. theatre trips, theme parks etc, explicit details will be provided. I understand that there may be occasions when my child may be taken by a member of staff in his/her car to hospital or home, or sporting fixtures and other activities. Children will normally be dismissed from the school/centre for events taking place at the end of or extending beyond the school day. Parents/carers will be informed where different arrangements are made.

PLEASE NOTE

For activities involving an overnight stay or participation in outdoor adventurous activities, full details of that activity will be given and parent/carers consent/medical details sought on an individual basis.

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| Name of parent/carer (please print): Signature of parent/carer: Date: | Address (if different from child): Postcode: |
| Tel No. for use in emergency: Name: Relationship: a) Home: b) Mobile: c) Alternative: <i>(Indicate times of day if relevant)</i> | Alternative Tel No. for use in emergency: Name: Relationship: a) Home: b) Mobile: c) Alternative: <i>(Indicate times of day if relevant)</i> |

The information you provide on this form will be used to administer the event and assist in maintaining the health and safety of your child whilst under the supervision of the Directorate of Children's Services/School/Centre. Personal, and sensitive personal information, will only be disclosed to others if the need arises, for example: to a medical professional or a service provider to the school inline with their safeguarding policy e.g. level 2 school games. It will not be used for any other purpose and will not be retained by the Directorate/Centre beyond the events in question.